

Howell High School
**HEALTH EDUCATION
WAIVER OPTIONS**

Student Name _____ Current Grade _____

Address _____ City _____ Zip _____

DIRECTIONS

Select the waiver option you are requesting by completing this form. Return the **ENTIRE** completed form to your student's counselor. Your request will be reviewed and a final decision will be made by the principal.

() OPTION 1

We would like to waive the health education requirement for our son/daughter because

In addition, we understand that he/she will be required to take an additional ½ credit of physical education in lieu of the health requirement.

Signature of Parent or Guardian

Date _____

() OPTION 2

We would like our son/daughter to be exempted from **ONLY** the section of health education that relates to HIV and sexually transmitted disease education, as well as sex education/human growth and development.

Signature of Parent or Guardian

Date _____

FOR RECORDS USE ONLY

Waiver Approved

Waiver Denied

Authorized Signature

Date

Comments _____

